

## ATTACHMENT TO NOTICE

THE BENEFITS OFFERED BY GROUP HOSPITALIZATION-MEDICAL SERVICE and THE BENEFITS OFFERED BY  
THE PRESENT PLAN OF GROUP INSURANCE FOR THE MEMBERS OF THE GOVERNMENT EMPLOYEES HEALTH  
ASSOCIATION (Mutual of Omaha policy)

GHI Hospitalization and Surgical Plan		MUTUAL OF OMAHA* Hospitalization and Surgical Plan
<p>No dollar limit - These services covered in full regardless of cost for 21 days each confinement in hospital, except in maternity cases, plus 180 additional days for which the plan provides an allowance of \$5.00 per day.</p>	<p><u>HOSPITAL SERVICES</u></p> <p>Semi-private room (cost in Washington area \$9 to \$13.50 per day). Meals and special diets. General nursing care.</p>	<p><u>Limited</u> \$6 per day for 31 days, except in maternity cases.</p>
<p><u>Unlimited</u></p> <p><u>Unlimited</u> (Those listed in official Formularies)</p> <p><u>Unlimited</u> (Blood and blood plasma not included)</p>	<p><u>HOSPITAL EXTRAS</u></p> <p>Medicines</p> <p>Operating room, Cystoscopic room, Sterile Tray Service, Dressings, Plaster casts, Intravenous solutions and injections, Sera, Analgesic care, Recovery room, Oxygen and use of oxygen equipment, Blood transfusions.</p>	<p><u>Limited</u> Included in \$30 total for hospital extras.</p> <p><u>Limited</u> Included in \$30 total for hospital extras. Specified as x-rays, anesthetic, laboratory fees, operating room, etc.</p>
<p>(NOTE. For subscribers using non-participating hospital or doctor services (overseas, etc.) the GHI policy pays a total of \$274 hospital service and extras for 21 days. This averages out to \$10 a day for hospital services plus \$64 for hospital extras. The benefits for the first day are \$21. With succeeding days the amount of the benefits decline gradually to the total of \$274.</p>	<p>Laboratory Examinations</p>	<p>Included in \$30 total for hospital extras.</p>
<p>Limited to 1st urinalysis and blood count.</p> <p>Limited to \$9 a day for 8 days for hospital services and hospital extras. Full service benefits for ectopic pregnancy, miscarriage. \$80 surgical benefits for normal delivery; \$150 surgical benefits for Caesarean section; plus anesthesia, x-ray, and pathology, if required.</p>	<p><u>MATERNITY BENEFITS</u></p>	<p>\$6 a day for 14 days for hospital services plus \$30 total for hospital extras, including delivery room, anesthetic, pathology and x-ray. Surgical benefits: \$40 for miscarriage, \$50 for normal delivery, \$100 for Caesarean section.</p>
<p>\$10 to \$40 (for each administration of anesthesia. No limit on number of procedures.)</p>	<p><u>SERVICES RELATED TO SURGERY</u></p>	<p>Included in \$30 total for hospital extras.</p>
<p>\$5 to \$35 (for each x-ray. No limit on number of procedures.)</p>	<p>Anesthetist</p>	<p>Included in \$30 total for hospital extras.</p>
<p>Up to \$25 (for each laboratory examination. No limit on number of procedures.)</p>	<p>X-ray</p>	<p>Included in \$30 total for hospital extras.</p>
	<p>Clinical laboratory</p>	<p>Included in \$30 total for hospital extras.</p>

\*Dependents must be hospitalized at least 18 hours in order to obtain benefits.

## ATTACHMENT TO NOTICE

GHI Hospitalization and Surgical Plan	SURGERY	MUTUAL OF OMAHA Hospitalization and Surgical Plan
The plan offers service benefits that will cover the physician's charges in full (including charges for x-ray, anesthetics, and pathology) if the subscriber is a single participant and his income does not exceed \$3000, or a family participant and his income does not exceed \$5500. If the subscriber's income exceeds these amounts the plan offers up to \$250 (depending on the surgical procedure) to help pay the doctor bill.		The plan provides indemnity payments for the amounts set forth in the Schedule of Operations regardless of the income of the policy holder. Benefits range from \$5 to \$150.

EXAMPLES OF PAYMENTS OFFERED FOR SURGERY BY GHI TO SUBSCRIBERS WHOSE INCOMES EXCEED THE AMOUNT THAT ENTITLES THEM TO FULL SERVICE BENEFITS, AND OF PAYMENTS OFFERED BY THE MUTUAL OF OMAHA POLICY

\$ 100	Hernia (Inguinal Unilateral)	\$ 50
140	Hernia (Inguinal Bilateral)	75
100	Appendectomy	100
125	Fracture of Spine	50
75	Dislocation (Hip)	35
200	Prostatectomy	150
80	Pregnancy (Normal delivery)	50
150	Pregnancy (Caesarean)	100
175	Removal of Kidney	100
150 (one side)	Mastoidectomy (both sides)	100
250	Brain tumor or abscess	150
50	Tonsillectomy and Adenoidectomy	25
60	Hemorrhoidectomy	25

Neither plan covers cases involving workmen's compensation, dental services, or normal home calls by the physician.

Both plans require a waiting period of ten months for new subscribers for benefits involving obstetrical care.

For the removal of tonsils and adenoids, and pre-existing conditions, the GHI plan requires a ten month waiting period for new subscribers; there are no waiting periods for these benefits in the Mutual of Omaha plan.

## COST PER MONTH

GHI Hospitalization and Surgical	Hospitalization only		MUTUAL OF OMAHA Hospitalization and Surgical
\$ 2.70	\$ 1.70	Single member only	\$ 1.60
6.90	3.70	Married member and spouse	4.75
6.90	3.70	Married member, spouse and all children	6.00
6.90	3.70	Member and all children, where there is no adult dependent	4.75
5.40	3.40	Member and one child, where there is no adult dependent	4.75